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Bib Data Sheet

CONFIRMATION NO. 5771

<b>SERIAL NUMBER</b> 09/496,137	<b>FILING DATE</b> 02/01/2000 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2621	<b>ATTORNEY DOCKET NO.</b> 06618/414001/CIT-2945
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**APPLICANTS**

Steven Schkolne, Pasadena, CA;  
Peter Schroeder, Los Angeles, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/118,196 02/01/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 03/27/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

20985

**TITLE**

Three dimensional surface drawing controlled by hand motion

<b>FILING FEE RECEIVED</b> 660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

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<b>APPLICANTS</b> Steven Schkolne, residence, NOT PROVIDED; Peter Schroeder, residence, NOT PROVIDED; <i>PN</i> <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/118,196 02/01/1999 <b>** FOREIGN APPLICATIONS *****</b> <i>PN</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/27/2000</b> -					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Shw</i> Examiner's Signature Initials		<b>STATE OR COUNTRY NOT PROVIDED</b>	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Scott C. Harris Fish & Richardson P.C. 4225 Executive Square, Suite 1400 LaJolla, CA 92037					
<b>TITLE</b> Three dimensional surface drawing controlled by hand motion					
<b>FILING FEE RECEIVED</b> 0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		